

## APPLICATION FOR STREET CLOSING FOR PURPOSES OF A BLOCK PARTY

| Applicant's Name (please print):  |   |
|---|---|
| Applicant's Address:  | Zip   |
| Applicant's Phone Number:   | Have you had a Quincy Block Party before?YN   |
| Date of Block Party:  | Date of Application:  |
| Purpose or Occasion:  |   |
| Time Range of Block Party from:   | to  |
| Name of Street to be closed:  |   |
| Street Segment from:  | to  |
| arrested without a warrant.  The undersigned Applicant, by signat harmless against all liability, loss or e or judgments based upon or arising o caused by any act or omission of an ac | vay. Persons violating any of the above laws or ordinances may be ture below, shall hold the City, its officers, agents and employees expense, including attorneys' fees, and against all claims, actions ut of damage or injury (including death) to persons or property ct sustained in any way in connection with this Block Party or ed upon Applicant's violation of any statute, ordinance or |
| _   | nted, I state that I understand and agree to the above:   |
| Applicant's Signature:  | ·   |
|   | TO: D.P.W., 55 SEA STREET, QUINCY, MA 02169 City of Quincy Authorization:   |
| DPW Commissioner  | Chief of Police   |